

# POLICY INTENT NOTICES INDEX

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**\*\*Indicates new or revised**

REVISION: April 8, 1997

<u>PIN 18</u>	Design/Build Project Delivery Method	12/10/96	Approved 12/10/96
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<u>3-220 REV</u>	Electrical Load Capacity Verification Guideline	10/06/93	Approved 10/13/93
<u>HSC-129725</u>	Definition of "freestanding and separate"	11/18/91	Revised 08/20/96 Approved 10/31/96 Previously: HSC-15026
<u>HSC-27550</u>	Cafeterias located within Health Facilities	03/31/93	Approved 3/31/93

**\*\*Indicates new or revised**

REVISION: April 8, 1997

**POLICY INTENT NOTICE**

**FILE NO. PIN 2**

**DATE: May 20, 1994**

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**SUBJECT:** Installation of Underground Fuel Storage Tanks

**POLICY:** The permitting and installation of the underground fuel storage tanks are under the jurisdiction of the local county or city.

This Office, however, must review the project for the following:

1. Location of the tanks as it relates to fire and life safety requirements. If the tanks are close to the hospital buildings and/or are to contain fuel required for the generation of emergency power, review for structural compliance will be required, Section 2303, CBC.
2. Tank capacity, piping arrangement, valving, emergency power for pumps and fire and life safety requirements to insure continued operation following an earthquake or other disaster.

The review includes tanks necessary for the emergency generators and for heating if required for compliance with CMC Section 2102 and CEC 700-12(b)2. The tanks shall have a capacity sufficient for not less than 24 hours full-demand operation in acute general care hospitals and not less than 6 hours full-demand operation in psychiatric, intermediate care, and skilled nursing facilities. This capacity is the minimum maintained capacity of the tank not the capacity when full.

ORIGINAL SIGNED

6/1/94

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Frederick R. Ferrin

Date

**POLICY INTENT NOTICE**

**FILE NO. PIN 4**

**DATE: February 14, 1996**

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**SUBJECT:** Review of existing facilities for isolation room and related projects used to isolate TB patients.

**POLICY:**

Background:

Because of the expense to build new Negative Pressure Isolation Rooms, the increasing number of suspect and confirmed tuberculosis (TB) cases requiring isolation at public hospitals, the need to admit TB patients to different areas of the hospital at different times and the need to use "TB rooms" for non-isolation patients some of the time, many hospitals are turning to a variety of methods to isolate TB patients, that are generally consistent with publications of the Centers for Disease Control and Prevention (CDC).

Procedure:

- Portable high efficiency particulate air (HEPA) filtration units not hard-wired, plumbed or structurally affixed to floors, walls, windows or ceilings installed in existing isolation rooms or in existing medical/surgical patient rooms, that are exhausted through windows either directly by installation in the window or via flexible duct through a fixed window panel will **not** be reviewed by the Office.
- Upon written request, alterations to existing isolation or patient rooms for the isolation of TB patients will be accepted for review by the Office under a Program Flexibility as an Alternate Method of Construction.
- Existing licensed isolation rooms, constructed to OSHPD standards in existence prior to October 26, 1993, are **not** required to be upgraded to meet the requirements for Negative Pressure Isolation Rooms in Part 2, Title 24.

For the purpose of implementing this PIN, the following guidelines (attached) shall be utilized:

- Review Procedure for rooms used to isolate TB patients

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2/23/96

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Kurt A. Schafer

Date

**REVIEW PROCEDURE FOR ROOMS USED TO ISOLATE TB PATIENTS**

Portable HEPA (minimum 99.97% DOP efficiency) units that are not hard-wired, plumbed or structurally affixed to floors, walls, windows or ceilings installed in existing isolation rooms or in existing medical/surgical patient rooms, that are exhausted through windows either directly by installation in the window or via a duct through a fixed window panel will **not** be reviewed by the Office. It is **recommended** that the facility:

- Monitor, by means of a smoke tube or other local air flow or pressure monitor or gauge in the wall adjacent to the door to the room, the air balance and pressurization within the space so that it complies with recommendations in the Federal Register Vol. 59, No. 208 Friday, October 28, 1994: Centers for Disease Control and Prevention - *Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health-Care Facilities*. If gauges are used, the gauge should be readable from the corridor, and annunciate locally at the door when the air balance is disrupted (except for time delays for normal opening of the door).
- Close windows and doors and seal, as far as practicable, all air penetration leaks into the room being negatively pressurized, e.g., at windows, doors, electrical outlets, lighting fixtures, etc. This can often be accomplished with caulking and fire stop material.
- Insure that alterations do not compromise or alter any fire protection assembly / system (i.e., fire sprinklers, fire alarm, smoke detection).
- Verify that the exhaust outlet of any portable unit exhausted to the building exterior is not less than 10 feet (3048 mm) from any building opening or air intake and is not located to discharge near an area that may be populated.

Upon written request, alterations to existing isolation or existing patient rooms used to isolate TB patients will be accepted for review by the Office under a Program Flexibility as an Alternate Method of Construction. Existing licensed isolation rooms, constructed to OSHPD standards in existence prior to October 26, 1993, are **not** required to be upgraded to meet the requirements for Negative Pressure Isolation Rooms in Part 2, Title 24.

1. Non-portable HEPA (minimum 99.97% DOP efficiency) and/or ultraviolet light (U.V.) units mounted on or within ceilings, floors or walls will be reviewed as follows:
  - a. Any ceiling, floor, wall or window-mounted device or any installation affecting structural (including anchorage) will be reviewed to the applicable requirements of Part 2, Title 24, California Building Code.
  - b. Any hard-wired electrical installation will be reviewed to the applicable requirements of Part 3, Title 24, California Electrical Code.

- c. Any fixed mechanical connections of a fan, duct or filtration unit that attach directly into an existing ventilation duct system will be reviewed to the requirements of Part 4, Title 24, California Mechanical Code. HEPA (minimum 99.97% DOP efficiency) filtered air shall not be returned directly into the general hospital circulation. HEPA (minimum 99.97% DOP efficiency) filtered air may be exhausted through the general hospital exhaust system subject to OSHPD review.
  - d. Any fixed plumbing connection will be reviewed to the applicable requirements of Part 5, Title 24, California Plumbing Code.
  - e. No alteration shall compromise or alter any fire protection assembly / system.
2. Changes to the existing mechanical system will be reviewed as follows:
- a. A negative air balance relative to the corridor shall be created. Maximum airflow rates from the corridor into the room shall be 75 cubic feet per minute (35.4 L/s). (Note: Rebalancing of the corridor may be necessary to maintain equal air balance in the corridor.)
    - 1. An alarm system based on static pressure control, volumetric control or directional flow measurement shall be provided for each room used to isolate TB patients. The alarm system shall consist of a display monitor located on the corridor wall near the patient room door and a visual and/or audible alarm which annunciates at the door when the air balance is interrupted (except for time delays for normal opening of the door).
  - b. Air from rooms modified for the isolation of TB patients shall not be returned to general hospital ventilation. Ventilation rates shall be enhanced as follows:
    - 1. Increased air changes shall conform to Cal/OSHA Interim Tuberculosis Control Enforcement Guidelines (revised 7/1/95), 10 air changes or more per hour with 100% outside exhaust.
    - 2. Air may be recirculated within the patient room if the minimum ventilation rate is increased to greater than or equal to 12 air changes per hour and as much of the air in the room as possible is filtered through a HEPA (minimum 99.97% DOP efficiency) filter unit. Not less than 2 air changes of the total ventilation shall be outdoor air.
3. New ante rooms are not required for alterations to existing isolation or patient rooms for the isolation of TB patients.
4. Medical / surgical patient rooms that are not presently licensed as isolation rooms shall not be identified as 'isolation room' or 'negative pressure isolation room' unless they comply with all requirements for new construction.
5. Projects for the permanent conversion of any room to a Negative Pressure Isolation Room as described in Part 2, Title 24 must comply with all requirements for new construction of a Negative Pressure Isolation Room.

**POLICY INTENT NOTICE****FILE NO. PIN 5****DATE: September 1, 1994**

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**SUBJECT:** OSHPD Review of Underground Fire Main Submittals

Underground fire main submittals are most often incorporated as a part of the civil drawing submittal. As such, they are often incomplete for the purpose of evaluating compliance with the specification requirements of NFPA Standard No. 13, Automatic Sprinkler Systems and NFPA Standard No. 24, Private Fire Mains. Subsequent Fire Sprinkler Submittals seldom include information relative to the underground installation. These submittals contain only information pertaining to the sprinkler system installation beginning at the above-ground point of connection and indicate underground work "by others".

**POLICY:**

To assure a thorough review of underground fire main submittals, they shall be reviewed for the correct location of all required piping and devices by OSHPD. When specific product information is not provided, the following Plan Review Comment is suggested.

Underground Fire Sprinkler and Fire Hydrant piping submittals shall include specifications for materials and devices which are required to be approved or listed in accordance with NFPA Standard No. 24. Material and Devices which require approval or listing include all control valves, check valves, piping, fittings, hydrants and supervisory switches. This information shall be provided with this submittal or deferred. If deferred, the following note shall be provided on this submittal:

"The Underground Fire Sprinkler and/or Fire Hydrant Piping System indicated on these drawings is for bidding purposes only. Underground piping system shop drawings and specifications shall be submitted to OSHPD for review and approval prior to installation."

ORIGINAL SIGNED

9/6/94

Kurt A. Schaefer

Date

**POLICY INTENT NOTICE**

**FILE NO. PIN 6**

**DATE: January 20, 1995**

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**SUBJECT:** Senate Bill 1234 - Chapter 33, Statutes of 1994

**POLICY:** Implementation of SB 1234.

**BACKGROUND**

Senate Bill 1234 (Bergeson) was signed by the Governor and filed with the Secretary of State on March 30, 1994. It became law immediately, due to the urgency clause.

**PROCEDURE**

This legislation authorizes the Office of Statewide Health Planning and Development to postpone payment of the plan review filing fee, where an applicant meets certain conditions with respect to a declared disaster and disaster relief. It further authorizes the OSHPD to seek an offset from the State Controller against amounts owed by the State to the applicant for those postponed fee amounts that remain unpaid after one year from date of plan approval.

Section 129787 was added to the Health and Safety Code and reads:

129787 (a) The payment of the filing fee described in Section 129785 may be postponed by the statewide office if all of the following conditions are met:

(1) The proposed construction or alteration has been proposed as a result of a seismic event that has been declared to be a disaster by the Governor.

(2) The statewide office determines that the applicant cannot presently afford to pay the filing fee.

(3) The applicant has applied for federal disaster relief from the Federal Emergency Management Agency (FEMA) with respect to the disaster described in paragraph (1).

(4) The applicant is expected to receive disaster assistance within one year from the date of the application.

(b) If the statewide office does not receive full payment of any fee for which payment has been postponed pursuant to subdivision (a) within one year from the date of plan approval, the statewide office may request an offset from the Controller for the unpaid amount against any amount owed by the State to the applicant, and may request additional offsets against amounts owed by the state to the applicant until the fee is paid in full. This subdivision



shall not be construed to establish an offset as described in the preceding sentence as the exclusive remedy for the collection of any unpaid fee amount as described in that same sentence.

## REQUEST

The health facility may request a fee deferral at the time of application. The request must be in writing and signed by the facility's Chief Executive Officer or Chief Financial Officer (suggested form letter - Attachment A).

Upon receipt of the health facility's completed request, the Facilities Development Division's (FDD) Deputy Director will, within ten working days, review the request and prepare a written response to the applicant, either approving or denying deferral of the project fees. Incomplete requests will be returned by fax within five working days, with a statement of what is needed to complete the request.

Copies of the FDD Deputy Director's response letter will be sent to the OSHPD Project Review Architect and to the Regional Program Technician.

If the FDD Deputy Director denies deferral of the project fees, the applicant may appeal the decision to the Director of OSHPD. Such an appeal must be made in writing and within ten working days of the denial.

If an appeal or fee payment is not received within ten working days, the project will be returned to the applicant as incomplete.

## PAYMENT OF DEFERRED FEES

The health facility must pay the deferred fees in full within one year from the date of plan approval. Failure to submit the deferred fees will result in an offset against any amount owed by the State to the health facility.

ORIGINAL SIGNED

10/31/96

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Kurt A. Schaefer

Date

Suggested Form Letter Request:

Attachment A

Deputy Director  
Office of Statewide Health Planning and Development  
Facilities Development Division  
1600 Ninth Street, Room 420  
Sacramento, California 95814  
(916) 654-3391 FAX (916) 653-0755

Subject: Request to postpone payment of plan review filing fees, project #\_\_\_\_\_ in the amount of \$\_\_\_\_\_

Dear Mr. Schaefer:

Section 129787 of the Health and Safety Code provides that payment of the plan review filing fees may be postponed for up to one-year if certain specific conditions are met.

On behalf of (Health Facility Name), I hereby request that the required plan review filing fees for this post earthquake repair project be deferred. The scope of this repair project is as follows:

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I certify as follows:

1. The repair project is due to the (Name of Seismic Event) which was declared to be a disaster by the Governor on (Date of Declaration).
2. The facility cannot presently afford to pay the filing fee.
3. On (Date of Application), the health facility applied for federal disaster relief from the Federal Emergency Management Agency (FEMA) with respect to the disaster identified in Item #1 above. The facility expects to receive financial assistance within one-year of the date of application.

It is understood that payment in full of the plan review fees is due and payable within one year of plan approval.

Sincerely,

Chief Executive Officer or Chief Financial Officer

**POLICY INTENT NOTICE**

**FILE NO. PIN 7**

**DATE: April 11, 1995**

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**SUBJECT:** Application of Special Moment Resisting Frame joint Amendment to Section 2211A.7 (Section 2710(g)), Chapter 22A (State Chapter 27), 1995 California Building Code.

**POLICY:**

Damage assessments following the 1994 Northridge Earthquake revealed that steel Special Moment Resisting Frame (SMRF) joints failed to perform adequately and could jeopardize patient and public safety. Recent information is continuing to show the poor performance of these joints and their failure to meet the strength requirements of the code. There is concern that an earthquake longer in duration than the Northridge event could cause even more severe structural damage to buildings with SMRF joints.

In response to this information, emergency regulations for hospitals were adopted on October 25, 1994, to amend the requirements for design of the SMRF joint connection as stated in Section 2211A.7 (Section 2710(g)), Chapter 22A (State Chapter 27), 1995 California Building Code.

The Office's policy for this important public safety requirement is as follows:

Hospital building projects utilizing steel SMRF construction that had not submitted an Application for a Building Permit on or before October 25, 1994 are subject to Section 2211A.7 (Section 2710(g)), Chapter 22A (State Chapter 27), 1995 California Building Code amended on October 25, 1994.

Therefore, such projects, even if previously allowed under the code prior to October 25, 1994, will be required to be modified. The affected facilities will be notified on an individual basis. At that time, a consultation will be scheduled with Facilities Development Division staff.

This policy applies only to designs using steel SMRFs. It does not apply to any other code requirements.

Authority cited: 18938.5, Health and Safety Code.

ORIGINAL SIGNED

9/16/96

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE****FILE NO. : PIN 8****DATE: March 30, 1995**

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**SUBJECT:** Hazardous Materials Inventory**BACKGROUND:**

A number of projects are submitted to the OSHPD that involve storage of hazardous materials. Information required for review of these projects is often incomplete for the purpose of evaluating compliance with the California Building Code and the California Fire Code. While the information may be provided at backcheck, it tends to be presented in a form which still requires additional clarification.

The attached guideline has been developed to assist the industry with their hazardous materials information submittals and to assist OSHPD staff in determining occupancy classification of areas in which hazardous materials are used/stored. The Hazardous Materials Inventory Statement condenses pertinent information into one table instead of several Material Safety Data Sheets.

**POLICY:**

In order to expedite the plan review process and evaluate compliance with the requirements for the storage and use of hazardous materials, a Hazardous Materials Inventory Statement (see attachment) shall be included on project plans submitted to the Office.

ORIGINAL SIGNED

9/16/96

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Kurt A. Schaefer

Date

Authority: Section 301 (Section 501) and Section 307.1.5 (Section 901(f) of 1995 California Building Code. Section 8001.1.2 (Section 80.101(b)), Appendix IIE and Appendix VI-A of 1995 California Fire Code.

REVISION: August 20, 1996

**OSHDP**  
**HAZARDOUS MATERIALS**  
**INVENTORY STATEMENT GUIDELINE**  
**FOR PLAN REVIEW**

**A hazardous materials inventory statement \*(example below) shall be included on project plans submitted to the Office.**

The Hazardous Materials Inventory Statement shall list by hazard class all hazardous materials stored **by room**. The Hazardous Materials Inventory Statement shall include the following information for each hazardous material listed **by room**.

1. Common or trade name.
2. Chemical name, major constituents and concentrations if mixture.
3. Hazard Class, as per Articles 79 & 80 California Fire Code.
4. Chemical Abstract Service number (CAS number) found in Title 29, Code of Federal Regulations (C.F.R.).
5. Whether the material is pure or a mixture, and whether the material is a solid, liquid, or gas.
6. Maximum aggregate quantity stored and used at any one time, in gallons and/or pounds.
7. When a material has multiple hazards, all hazards shall be addressed.

**\*HAZARDOUS MATERIALS INVENTORY STATEMENT**

Room#	Common/Trade Name	Chemical Name, Components & Concentration	Category/Hazard Class	Chemical Abstract Service# CAS#	Physical State	Quantity In Use/Open system	Quantity In Use/ Closed System	Quantity Storage	No. & Size of Containers

2/10/95

**POLICY INTENT NOTICE**

**FILE NO. 11**

**DATE: May 30, 1995**

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**SUBJECT:** Establishment of Policy in Facilities Development Division

**POLICY:**

Only those issues which have been put in writing and signed by a Deputy Director of Facilities Development Division constitute Facilities Development Division Policy.

- o Staff shall ignore verbal instructions previously regarded as 'policy'.
- o Memos labeled 'draft' or 'for internal circulation only' or any other item which is not signed by a Deputy Director shall be ignored by staff.

Any informal or verbal practices sufficiently important to merit policy status should be submitted in writing to the Deputy Director for consideration.

Program flexibilities, approval of alternate materials and methods and alternate means of construction for individual projects are not subject to this PIN unless they reflect ongoing issues.

When innovations occur that cause policy changes or when new policy is required for consideration by the deputy director, staff may suggest policy changes in writing. Formal approval as Facilities Development Division Policy will result in a Policy Memorandum, Standard Operating Procedure (SOP), Code Application Notice (CAN), Interpretation of Regulation (IR), Policy Intent Notices (PIN), etc. New policies will be circulated in writing to all Facilities Development Division staff.

ORIGINAL SIGNED

6/6/95

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE****FILE NO. PIN 13****DATE: July 11, 1995**

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**SUBJECT: Lighting System Retrofits**

Lighting system retrofits are performed in health care facilities for a variety of reasons, but normally to reduce operation and maintenance costs. The system retrofits typically consist of one or more of the following modifications:

- Ballast and/or lamp replacement.
- Lamp and/or ballast removal.
- Reflector installation.
- Fixture replacement.

When properly performed, system retrofits can lead to improved illumination and reduced energy consumption. However, some retrofit techniques adversely affect the illumination quality. To ensure that the quality of lighting is maintained, Section 517-21(b), California Electrical Code requires that illumination intensity values be as recommended in the latest edition of the Illumination Engineers Society (IES) Handbook.

**POLICY:**

Lighting system retrofits shall be submitted to the Office for plan review. Such submittals shall include:

1. Lighting calculations in accordance with the latest edition of the IES Handbook. A suggested format is a schedule of rooms to be retrofitted, showing the use of the area, dimensions of the room, height of the work plane, the illuminance recommended by IES, and the predicted illuminance.
2. Plans and specifications signed and stamped by a California registered electrical engineer per Section 7-115(a), 1995 California Building Standards Administrative Code (Part 1, Title 24).
3. A list of the assumptions used in the calculations, including reflectances, depreciation factors, etc.
4. Certified photometrics for each new or modified luminaire, including spacing criteria.

5. Reflected ceiling plan for each area that shows the location of fixtures in each area to be retrofitted.
6. Confirmation that the components to be used in the retrofit are listed, labeled, or certified by a Nationally Recognized Testing Laboratory, in accordance with OSHPD Code Application Notice 3-110-2; and where fixtures are installed in fire rated ceiling assemblies, each fixture shall be protected to meet the fire rating criteria in Section 710 (Section 4305), 1995 California Building Code.
7. Plans and specifications for any circuiting and switching changes.

The above requirements are waived for one-for-one replacement, lamp and ballast retrofits. In these instances only a key plan, written description and specification are required to be submitted to the Office for review.

ORIGINAL SIGNED

9/16/96

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Kurt A. Schaefer

Date



**POLICY INTENT NOTICE**

**FILE NO. 14**

**DATE: May 16, 1995**

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**SUBJECT:** Section 87.102, California Fire Code, Part 9, Title 24:

Approval of the safety precautions required for buildings being constructed, altered or demolished may be required by the chief in addition to other approvals required for specific operations or processes associated with construction, alteration or demolition.

**POLICY:**

**BACKGROUND:**

OSHPD Fire and Life Safety Section enforces the Uniform Fire Code for **fire watch** conditions when a building/premises presents a hazard to life or property as the result of construction, alteration (87.104(b)), demolition (87.105(f)), fire or other emergency, or when any fire protection equipment/system has been rendered inoperable. The fire watch is used to mitigate a hazardous condition which if not corrected, would normally require the evacuation of the structure or a portion thereof.

**Fire Watch:** The assignment of a qualified person or persons having the sole responsibility for the continuous patrol of a building or premises for the purpose of detecting fires and transmitting an immediate alarm to the building occupants and Fire Department.

**PROCEDURE:**

When conditions occur which necessitate the activation of a fire watch, the attached guideline shall be utilized.

ORIGINAL SIGNED

5/23/95

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Kurt A. Schaefer

Date

## **FIRE WATCH GUIDELINE**

### **RESPONSIBILITY FOR INSTRUCTION:**

The owner, manager, or person in charge or control of the building/premises shall assign to the fire watch as many personnel as are required, and shall instruct fire watch personnel as to:

1. The procedure for notifying the Fire Department.
2. The areas to be patrolled.
3. A method of alerting building occupants and an evacuation procedure.
4. Training necessary to insure Fire Watch personnel are capable of reactivating disabled systems, when required.
5. Any special instructions required by either the OSHPD or local Fire Marshal.

### **LOG BOOK:**

1. The owner, manager, or person in charge or control of the premises shall provide a log book which contains a directory of names, telephone numbers, and other information to assist in making emergency calls. The log book shall be the official document used to record a history of patrol rounds.
2. The log book shall be maintained on the premises and be available for inspection by the authority having jurisdiction (OSHPD, Fire Department, State Fire Marshal).

**FIRE WATCH GUIDELINE**  
(Complete and return to OSHPD Fire Marshal.)

Assigned fire watch personnel shall:

1. Be thoroughly familiar with the area they are patrolling.
2. Perform patrol operations according to instructions from OSHPD and local Fire Department.
3. Patrol their designated area at least once each hour.
4. Make reports as instructed. A written record of patrol rounds and any significant information shall be recorded in a log book provided by management.
5. Relay any special orders or pertinent information to relief personnel and management.
6. Remain on duty until properly relieved.
7. The entire building, all rooms (offices, spaces, areas) including basements, penthouses, shall be checked per Item "3" above unless otherwise specified by the fire marshal.

NOTE: The fire watch conditions shall not be terminated without an OSHPD Fire Marshals written authorization.

FACILITY	FIRE WATCH FOR ENTIRE BUILDING
_____	<input type="checkbox"/> YES
_____	<input type="checkbox"/> NO
_____	SPECIFIC AREA _____
_____	

**RESPONSIBILITY TO OVERSEE WATCH:**

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**POLICY INTENT NOTICE**

FILE NO. PIN 16

DATE: June 20, 1996

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**SUBJECT: INTERIOR FINISH MATERIAL(S) APPROVAL****POLICY:****BACKGROUND:**

It has been OSHPD practice that all interior finish materials be approved by the Area Compliance Officers (ACOs) prior to the materials' installation. This approval procedure required the design professional-in-charge or the facility's representative to submit a complete package containing material samples, manufacturer's specifications, testing laboratory reports, etc., to the ACOs for their review, to determine code compliance as to cleanability, durability, flame spread, smoke development, etc. In addition the Office, at the request of manufacturers, engaged in a materials pre-approval process. This resulted in letters issued by the Office expressing approval of a particular product line. These practices have led to a great deal of confusion and inconsistencies as to the methods used to determine and verify code compliance of these materials.

**PROCEDURE:**

Effective immediately the Office will implement the following procedures:

1. The Office will not review and/or approve individual manufacturers' products for installation in health facilities. Letters of approval, previously issued by the Office, for particular manufacturers' product lines should not be used in determination of acceptable finish materials for installation in health facilities.
2. All documents submitted to the Office for approval which involve interior finish materials shall include interior finish material schedules and specifications. When necessary this portion of the work may be deferred. Reference: Section 7-125, Part 1, Title 24.
3. The architect in responsible charge, the inspector of record and the contractor are responsible for assuring conformance with the approved plans and specifications as well as code conformance of materials incorporated into the project.
4. When interior finish materials are installed on other than an approved project, the health facility will be required to designate a representative who will be responsible for compiling and reviewing the necessary information required for code conformance to Chapter 8, 1995 California Building Code. A file containing all such information will be kept on site and available for review by the Office.

ORIGINAL SIGNED

6/20/96

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE****FILE NO. PIN 17****DATE: July 1, 1996**

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**SUBJECT:** 405.3.1 (Section 2103(d)), 1995 California Mechanical Code

The ventilation systems shall be designed and balanced to provide the general air balance relationship to adjacent areas shown in Table 4-A (Table No. 2110-A).

**POLICY:**

This is to clarify OSHPD policy relating to equipment replacement in facilities subject to Chapters 3 and 4 (Chapters 21 and 22), 1995 California Mechanical Code (CMC).

When existing HVAC fan systems are replaced, the fan or air handling unit shall comply with all requirements of the code in effect at the time of replacement. This includes space temperatures, humidification, and emergency power [Section 330 (Section 2102), 1995 CMC]; continuous fan operation and outdoor air intake locations [Section 405 (Section 2103), 1995 CMC]; filter minimum efficiencies and locations [Section 406 (Section 2104), 1995 CMC]; ventilation rates [Table 4-A (Table 2110-A), 1995 CMC], and equipment anchorage [Section 304.4.1 (Sections 504(d.1), and [Section 330.1.8 (Section 2102(h)), 1995 CMC].

Replacement of existing fans shall not require complete rebalance of all spaces connected to the existing, unaltered duct system, except as follows:

1. The new fan or air handling unit shall have sufficient capacity to provide the required temperature conditions, humidification, pressurization, outdoor air changes, and ventilation rates to all spaces served by the new unit.
2. At the time of fan replacement, the downstream duct main(s) and major branches (not including run-outs to rooms) shall be balanced to provide ventilation rates to connected spaces not less than that required by Table 4-A (Table 2110-A). Major branches shall be considered to be at each floor off a main duct riser for systems supplying more than one floor of a building. Major branches shall also be considered to be any branch that supplies more than 2000 CFM.
3. OSHPD strongly recommends that, at the time of fan replacement, the design professional take into consideration the likelihood that the replaced fan may be called on to serve additions or future functions that might require greater air supplies. It is recommended that the design professional review the possibility for system expansion with the hospital facilities staff or other responsible hospital administrative personnel prior to specifying the replacement fan.

**REASON:**

Section 104, Uniform Mechanical Code, contains provisions for continued use of existing mechanical systems lawfully in existence at the time of the adoption of this code ("grandfathering"). Questions have arisen about Code application at the time the equipment must be replaced due to wear, tear, etc.

Section 405.3.1 (Section 2103(d)), 1995 California Mechanical Code, requires compliance with Table 4-A (Table 2110-A), 1995 California Mechanical Code. Table 4-A (Table 2110-A), 1995 California Mechanical Code, is titled "Pressure Relationships and Ventilation of Certain Hospital Areas," and includes minimum ventilation rates as well as requirements for 100% exhaust of certain areas. Requiring complete HVAC upgrade of all spaces connected to the duct system served by the replacement fan would, in most cases, impose a cost burden on the health care facilities greater than the benefits received and could be disruptive to patient care. Furthermore, most health care facilities are continually remodeling spaces throughout their facilities, so, after a period of time, most of the spaces served by the replacement fan will be properly rebalanced in the course of normal remodeling and alterations if the replacement fan system is specified with adequate capacity to provide code complying conditions. Therefore, OSHPD policy is that replacement of existing fans shall not require complete HVAC upgrade of spaces connected to the existing, unaltered duct system at the time the fan system is replaced. Where problems are identified following a new installation the facility will be responsible for rebalancing those areas beyond the main branches identified in this document.

ORIGINAL SIGNED

10/31/96

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE**

**FILE NO. PIN 18**

**DATE: December 10, 1996**

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**SUBJECT:** Design/Build Project Delivery Method

**POLICY:**

Background:

Historically, OSHPD has not accepted design/build projects for review and approval without significant modification or imposition of additional requirements. A thorough review of statutes and regulations reveals no basis for disallowing the use of design/build for projects under OSHPD jurisdiction.

Procedure:

The Office will now accept design/build projects for review and approval. In accepting projects prepared under a design/build project delivery method, all existing statutes (See Seismic Safety Act Section 129675, et seq.) and Title 24 Regulations will continue to be enforced.

When contemplating design/build project delivery special attention should be given to specific portions of the Title 24, Part 1 regulations relevant to; 7-115 Preparation of Drawings and Specifications, 7-141 Administration of Construction, 7-143 Responsibility of the Contractor, 7-144 Inspection, 7-145 Continuous Inspection of the Work, 7-149 Tests, 7-151 Verified Reports, 7-153 Addenda, Change Orders and Deferred Approvals and 7-155 Approval of the Work.

ORIGINAL SIGNED

12/10/96

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE**

**FILE NO. PIN 19**

**DATE: February 25, 1997**

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**SUBJECT:** Through and Membrane Penetrations

**Background:**

At the 74th International Conference of Building Officials Annual Business Meeting, changes were proposed and adopted regarding the requirements for through and membrane penetrations. These changes help to clarify ambiguous code sections, which have been problematic for both the construction industry and the Office. The changes will be incorporated in the 1997 edition of the Uniform Building Code. The 1997 edition of the Uniform Building Code will not be adopted by the California Building Standards Commission until sometime in 1998.

**POLICY:** The Office will accept for approval, designs conforming to adopted changes to the 1997 edition of the Uniform Building Code as an alternate design conforming to the code.

1995 California Building Code, Section 104.2.8 'Alternate materials, alternate design and methods of construction' provides for allowance, if authorized by the building official, of any material alternate design or method of construction not specifically prescribed by the code.

ORIGINAL SIGNED

2/25/97

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Kurt A. Schaefer

Date



**Through and Membrane Penetrations  
Modified Code Changes**

1. Section 702, page 1-109. Delete the definition of “F Rating” and “T Rating” and substitute as follows:

**F RATING** is the time period that the penetration firestop system limits the passage of fire through the penetration when tested in accordance with U.B.C. Standard 7-5.

**T RATING** is the time period that the penetration firestop system, including the penetrating item, limits the maximum temperature rise to 325°F. (163°C.) above its initial temperature through the penetration on the nonfire side, when tested in accordance with U.B.C. Standards 7-5.

2. Section 702, page 1-109. Add the following definitions:

**ANNULAR SPACE** is the opening around the penetrating item.

**FIREBLOCKING** is building material installed to resist the free passage of flame and gases to other areas of the building through small concealed spaces.

**FIRE-RESISTIVE JOINT SYSTEM** is an assemblage of specific materials or products that are designed, tested and fire resistive in accordance with U.B.C. Standard 7-1 to resist, for a prescribed period of time, the passage of fire through joints.

**JOINT** is the linear opening between adjacent fire-resistive assemblies. A joint is a division of a building that allows independent movement of the building, in any plane, which may be caused by thermal, seismic, wind loading or any other loading.

**PENETRATION** is an opening created in a membrane or assembly to accommodate penetrating items for electrical, mechanical, plumbing, environmental and communication systems.

**EXCEPTION:** Ducts.

**THROUGH-PENETRATION** is an opening that passes through both sides of an assembly.

**MEMBRANE PENETRATION** is an opening made through one side (wall, floor or ceiling membrane) of an assembly.

**PENETRATION FIRESTOP SYSTEM** is an assemblage of specific materials or products that are designed, tested and fire resistive in accordance with U.B.C. Standard 7-5 to resist, for a prescribed period of time, the passage of fire through penetrations.

**SPLICE** is the result of a factory or field method of joining or connecting two or more lengths of a fire-resistive joint system into a continuous entity.

3. Section 214.6, page 1-23.1. Delete the definition of “membrane penetration fire stop.”
4. Section 217.10, page 1-23.3. Delete the definition of “penetration fire stop.”
5. Section 221.5, page 1-23.8. Delete the definition of “through-penetration fire stop.”
6. Section 106.3.3, page 1-10.7. Revise the second paragraph as follows:

Plans for building ~~more than two stories in height~~ of other than Group R, Division 3 and Group U Occupancies...(balance to remain unchanged).

7. Section 108.5.1, page 1-10.13. Add the following to the first paragraph:

Protection of joints and penetrations in fire-resistive assemblies shall not be concealed from view until inspected and approved.

8. Section 709.1, page 1-115. Add the following paragraph:

Where materials, systems or devices are incorporated into the assembly which have not been tested as part of the assembly, sufficient data shall be made available to the building official to show that the required fire-resistive rating is not reduced. Materials and methods of construction used to protect joints and penetrations in fire-resistive, fire-rated building assemblies shall not reduce the required fire-resistive rating.

9. Section 714, page 1-122. Add the following paragraph and exception:

Where sleeves are used, the sleeves shall be securely fastened to the assembly penetrated. All space between the item contained in the sleeve and the sleeve itself and any space between

the sleeve and the assembly penetrated shall be protected. Insulation and coverings on the penetrating item shall not penetrate the assembly unless the specific materials used have been tested as part of the assembly.

**EXCEPTION:** Fire damper or combination fire damper/smoke damper sleeves shall be installed in accordance with their listing.

10. Sections 709.6 and 709.7, page 1-116. Delete and substitute as follows:

709.6 Through Penetrations.

709.6.1 General. Through penetrations of the fire-resistive walls shall comply with Section 709.6.2 or 709.6.3.

**EXCEPTION:** Where the penetrating items are steel, ferrous or copper pipes or steel conduits, the annular space shall be permitted to be protected as follows:

1. In concrete or masonry walls where the penetrating items are a maximum 6-inch (152 mm) nominal diameter and the opening is a maximum 144 square inches (92 903 mm<sup>2</sup>) concrete, grout or mortar shall be permitted when installed the full thickness of the wall or the thickness required to maintain the fire rating, or
2. The material used to fill the annular space shall prevent the passage of flame and hot gasses sufficient to ignite cotton waste when subjected to U.B.C. Standard 7-1 time temperature fire conditions under a minimum positive pressure differential of 0.01 inch of water (2.5 Pa) at the location of the penetration for the time period equivalent to the fire rating of the construction penetrated.

709.6.2 Fire-rated assembly. Penetrations shall be installed as tested in the approved U.B.C. Standard 7-1 rated assembly.

709.6.3 Penetration firestop system. Penetrations shall be protected by an approved penetration firestop system installed as tested in accordance with U.B.C. Standard 7-5 and shall have an F rating of not less than the required rating of the wall penetrated.

709.7 Membrane Penetrations. Membrane penetrations of the fire-resistive walls shall comply with Section 709.6.

**EXCEPTIONS:** 1. Steel electrical boxes that do not exceed 16 square inches (10 323 mm<sup>2</sup>) in area provided that the area of such openings does not exceed 100 square inches for any 100 square feet (694 mm<sup>2</sup>/m<sup>2</sup>) of wall area. Outlet boxes on opposite sides of the wall shall be separated by a horizontal distance of not less than 24 inches (610 mm). Membrane penetrations for electrical outlet boxes of any material are permitted provided

that such boxes are tested for use in fire-resistive assemblies and installed in accordance with the tested assembly.

2. The annular space created by the penetration of a fire sprinkler shall be permitted to be unprotected provided such space is covered by a metal escutcheon plate.

11. Sections 710.2 and 710.3, page 1-117. Delete and substitute as follows and renumber remaining items:

#### 710.2 Through Penetrations.

710.2.1 General. Through penetrations of fire-resistive horizontal assemblies shall be enclosed in fire-resistive shaft enclosures in accordance with Section 711.1 or shall comply with Section 710.2.2 or 710.2.3.

EXCEPTIONS: 1. Steel, ferrous or copper conduits, pipes, tubes, vents, concrete, or masonry penetrating items that penetrate a single fire-rated floor assembly where the annular space is protected with materials that prevent the passage of flame and hot gases sufficient to ignite cotton waste when subjected to U.B.C. Standard 7-1 time temperature fire conditions under a minimum positive pressure differential of 0.01 inch of water (2.5 Pa) at the location of the penetration for the time period equivalent to the fire-resistive rating of the construction penetrated. Penetrating items with a maximum 6-inch (152 mm) nominal diameter shall not be limited to the penetration of a single-fire-resistive floor assembly provided that the area of the penetration does not exceed 144 square inches in any 100 square feet (100 000 mm<sup>2</sup> in 10 m<sup>2</sup>) of floor area.

2. Penetrations in a single concrete floor by steel, ferrous or copper conduits, pipes, tubes and vents with a maximum 6-inch (152 mm) nominal diameter provided concrete, grout or mortar is installed the full thickness of the floor or the thickness required to maintain the fire-resistive rating. The penetrating items with a maximum 6-inch (152 mm) nominal diameter shall not be limited to the penetration of a single concrete floor provided that the area of the penetration does not exceed 144 square inches (92 903 mm<sup>2</sup>).

3. Electrical outlet boxes of any material are permitted provided that such boxes are tested for use in fire-resistive assemblies and installed in accordance with the tested assembly.

710.2.2 Fire-rated assemblies. Penetrations shall be installed as tested in the approved U.B.C. Standard 7-1.

710.2.3 Penetration firestop system. Penetration shall be protected by an approved penetration firestop system installed as tested in accordance with U.B.C. Standard 7-5. The system shall have an F rating and a T rating of not less than one hour but not less than the required rating of the floor penetrated.

**EXCEPTION:** Floor penetrations contained and located within the cavity of a wall do not require a T rating.

710.3 Membrane Penetrations. Penetrations of membranes which are part of a fire-resistive horizontal assembly shall comply with Section 710.2.

**EXCEPTION:** 1. Membrane penetrations of steel, ferrous or copper conduits, electrical outlet boxes, pipes, tubes, vents, concrete, or masonry penetrating items where the annular space is protected in accordance with Section 709.6 or 710.2 or is protected to prevent the free passage of flame and the products of combustion. Such penetrations shall not exceed an aggregate area of 100 square inches in any 100 square feet (694 mm<sup>2</sup>/m<sup>2</sup>) of ceiling area in assemblies tested without penetrations.

2. Membrane penetrations for electrical outlet boxes of any material are permitted provided that such boxes are tested for use in fire-resistive assemblies and installed in accordance with the tested assembly.

3. The annular space created by the penetration of a fire sprinkler shall be permitted to be unprotected provided such space is covered by a metal escutcheon plate.

**POLICY INTENT NOTICE****FILE NO. PIN 20****DATE: January 30, 1997**

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**SUBJECT:** Pneumatic Tube Systems Support and Bracing

Pneumatic Tube Systems are generally considered a “secondary” system within a hospital building used for the delivery of documents from one department to another.

Historically, the Office has reviewed the support and bracing of these piping systems as a Field Review. As such, these systems would only be reviewed by either an Area Compliance Officer or District Structural Engineer. Inconsistent interpretations of the California Building Code (CBC) has prompted the Pneumatic Tube Systems Association to write and request a consistent policy be issued on the subject.

**POLICY:** Details for the bracing and anchorage of piping associated with the installation of Pneumatic Tube Systems need not be provided to the Office for review.

Piping associated with these systems is generally light (4.5 plf) and has no weight inside the pipe except when the “slug” is moving from station to station. Details and calculations shall be required for the stations, diverters and blowers in accordance with Section 1630A.1 of the 1995 CBC. Separation of 6" between the pneumatic tube system piping and suspended ceiling lateral force bracing systems shall be provided in accordance with Section 2501A.5.7.2 of the 1995 CBC. Fire protection issues are addressed in Chapter 7 of the 1995 CBC.

If the hospital desires the Pneumatic System to be designed as an “essential system”, for continued operation following a seismic event, the piping system shall be braced in accordance with one of the OSHPD Pre-Approved Anchorage manuals using all schedules for 2½” diameter pipe. The maximum weight of this pipe is 7.9 plf compared to the 4.5 plf for the pneumatic system. An engineered bracing system could be submitted in lieu of utilizing OSHPD Pre-Approved Anchorage.

ORIGINAL SIGNED

1/31/97

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE**

**FILE NO. PIN 21**

**DATE: April 7, 1997**

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**SUBJECT:** Smoke Dampers

**Background:**

At the 74th International Conference of Building Officials Annual Business Meeting, changes were proposed and adopted regarding the requirements for smoke dampers. As currently adopted in the 1995 California Building Code, Section 713.10 Smoke Dampers does not specify how to control smoke dampers resulting in a variety of configurations each having benefits and drawbacks. The model code adopted changes offer prescriptive methods for complying with the intent of the code in a consistent and logical manner. The changes will be incorporated in the 1997 edition of the Uniform Building Code. The 1997 edition of the Uniform Building Code will not be adopted by the California Building Standards Commission until sometime in 1998.

**POLICY:** The Office will accept for approval, designs conforming to adopted changes to Section 713.10 of the 1997 edition of the Uniform Building Code as an alternate design conforming to the code.

1995 California Building Code (CBC), Section 104.2.8 'Alternate materials, alternate design and methods of construction' provides for allowance, if authorized by the building official, of any material alternate design or method of construction not specifically prescribed by the code.

ORIGINAL SIGNED

4/7/97

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Kurt A. Schaefer

Date

### Smoke Dampers Modified Code Changes

*1995 CBC Section 713.10 (currently adopted) is presented in its entirety for context.*

**713.10 Smoke Dampers.** Not less than Class II, 250°F. (121°C.) smoke dampers complying with approved recognized standards (see Chapter 35, Part III) shall be installed and be accessible for inspection and servicing in the following ducted or unducted air openings at:

1. Penetrations of area or occupancy separation walls.
2. Penetrations of the fire-resistive construction of horizontal exit walls or corridors serving as required exits.

**EXCEPTION:** Openings for steel ducts penetrating the required fire-resistive construction of corridors are not required to have smoke dampers when such ducts are of not less than 0.019-inch (0.48 mm) thickness (No. 26 galvanized sheet steel gage) and have no openings serving the corridor.

3. Penetrations of shaft enclosures.

**EXCEPTION:** Exhaust-only openings serving continuously operating fans and protected using the provisions of Chapter 9.

4. Penetrations of smoke barriers.
5. Penetrations of elevator lobbies required by Section 3002.
6. Penetrations of areas of refuge.

**EXCEPTION:** Ventilation systems specifically designed and protected to supply outside air to these areas during an emergency.

A smoke damper need not be provided when it can be demonstrated that the smoke damper is not essential to limit the passage of smoke under passive conditions and the proper function of a smoke-control system complying with Chapter 9 does not depend on the operation of the damper. Smoke dampers may be omitted at openings which must be maintained open for proper operation of a mechanical control system provided that adequate protection against smoke migration, in the event of system failure, has been provided.

*Summary of uniform code adopted changes:*

1. Section 713.10, page 1-121. Add a paragraph at the end of the section as follows:

Smoke dampers shall be closed by actuation of a smoke detector installed in accordance with the Fire Code and one of the following applicable methods:



1. Where a damper is installed within a duct, a smoke detector shall be installed in the duct within 5 feet (1524 mm) of the damper with no air outlets or inlets between the detector and the damper. The detector shall be listed for the air velocity, temperature and humidity anticipated at the point where it is installed.
2. Where a damper is installed within an unducted opening in a wall, a spot-type detector listed for releasing service shall be installed within 5 feet (1524 mm) horizontally of the damper.
3. Where a damper is installed in a ceiling, a spot-type detector listed for releasing service shall be installed on the ceiling within 5 feet (1524 mm) of the damper.
4. Where a damper is installed in a corridor wall or ceiling, the damper may be controlled by a smoke detection system installed in the corridor.
5. When a total-coverage smoke detection system is provided within all areas served by an HVAC system, dampers may be controlled by the smoke detection system.

*Additional notes on smoke dampers:*

The smoke damper response times shall meet the requirements of CBC Section 905.14.

Where smoke detectors dependent upon a minimal air velocity to operate are installed in ducts for the actuation of smoke dampers, the smoke dampers shall be connected such that when there is no air movement through the duct, the smoke damper shall close.

Smoke detectors, especially the sampling tube type, are dependent upon air flow to move smoke into the detectors' sampling chamber. When air handling units are shut down, it is important that all smoke dampers in the duct system served by that air handler, close. This will ensure the smoke tight integrity of fire and smoke barrier separations at duct penetrations is maintained.

**POLICY INTENT NOTICE****FILE NO. 3-220 REV**  
**DATE: October 6, 1993**

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**SUBJECT:** Electrical Load Capacity Verification Guideline

In the course of design and review of projects involving additions to existing facilities, or remodels, the question of load capacity of existing electrical service always arises. It is the responsibility of the electrical engineer of record to provide verification that adequate load capacity exists at points in the existing electrical distribution system where additional loads are to be connected.

**POLICY:**

The intent of this guideline is to produce uniform load calculations in accordance with the requirements of the California Electrical Code (CEC).

For new panels, a schedule with tabulation of connected loads shall be submitted for review.

For existing panels where load is to be added, a load summary shall be provided that details the existing load, loads removed, loads added, net load addition/reduction, and the new load. For panels with a net load increase, a partial single line diagram shall be provided that shows the ratings of the affected panel, its feeder, and feeder overcurrent device. The following are acceptable means of determining the demand load on existing electrical equipment:

- A. A minimum three-day recording ammeter connected to all phases of the service/feeder shall be taken at 125% to establish the peak demand. It is the electrical engineer's responsibility to ensure that this reading reflects the true peak demand of the service/feeder.

This option shall not be used for verifying capacity of equipment having loads consisting primarily of x-ray equipment (such as x-ray distribution boards) or motors (such as motor control centers). Load capacity verification for these systems shall be performed in strict accordance with CEC Articles 517 and 220, which includes the option of performing a one-year recording ammeter reading to establish the maximum demand per CEC 220-35.

- B. A load calculation in accordance with CEC Article 220.

Whenever the connected load exceeds 80% of the rating of the panel feeder breaker, a backup load calculation in accordance with CEC Article 220 shall be provided to demonstrate that an overloading condition does not exist. Alternatively, the consultant must demonstrate that the complete apparatus is 100% rated.

ORIGINAL SIGNED

10/13/93

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Frederick R. Ferrin

Date

**POLICY INTENT NOTICE**

FILE NO. HSC-129725

DATE: November 18, 1991

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**SUBJECT: Definition of "freestanding and separate"****POLICY:**

From time to time the term "freestanding and separate" must be interpreted when applied to licensed hospital structures and other unlicensed structures (e.g. parking structures, medical office buildings, etc.) located on hospital sites. An adjacent nonlicensed structure is considered to be adequately "separated" and thus "freestanding" if the following criteria can be accommodated:

1. A minimum structure separation must be provided which complies with Section 1631A.2.11 (Section 2312(h)2K), 1995 California Building Code, which states:

"Building Separations. All structures shall be separated from adjoining structures. Separations shall allow for  $3(R_w/8)$  times the sum of the displacements due to seismic forces for the adjacent structure(s)."

2. Fire separations are conforming and in place where required.
3. Separate structures shall be reviewed as new buildings and shall comply with applicable provisions of the California Building Code, California Electrical Code, California Mechanical Code and California Plumbing Code.

Note: A "freestanding and separate" structure differs from an "addition" which is defined in Section 1625A (Section 2312(b)), Chapter 16A (State Chapter 23), 1995 California Building Code, as:

"ADDITION means any work which increases the floor or roof area or the volume of enclosed space of an existing building and is dependent on the structural elements of that facility for vertical or lateral support." (emphasis added)

Questions regarding the application of these statements with respect to unique situations will be reviewed on a case by case basis.

Structures that are determined to be "separated" or "freestanding" and are not licensed hospital structures are not subject to review by OSHPD except for effect upon licensed structures. They are subject to review by the local building jurisdiction.

ORIGINAL SIGNED

10/31/96

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Kurt A. Schaefer

Date

**POLICY INTENT NOTICE****FILE NO. HSC-27550****DATE: March 31, 1993**

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**SUBJECT:** Cafeterias located within Health Facilities

Existing law known as the California Uniform Retail Food Facilities Law commencing with Section 27500 of the Health and Safety Code requires that there be uniform statewide health and sanitation standards for retail food facilities to assure the people of this state that food will be pure, safe, and unadulterated. Primary responsibility for enforcement of the provisions of this law is with local health agencies.

Food establishment means any room, building, or place, or portion, thereof, maintained, used, or operated for the purpose of storing, preparing, serving, manufacturing, packaging, transporting, salvaging, or otherwise handling food at the retail level.

A person proposing to build or remodel a food facility shall submit complete plans and specifications to the local health agency for review and approval. The plans shall be approved or rejected with 20 working days after receipt by the local health agency and the applicant shall be notified of the decision. Unless the plans are approved or rejected with 20 working days, they shall be deemed approved. The building department shall not issue a building permit for a food facility until after it has received plan approval by the local health agency.

**POLICY:**

For those applications involving a new or the remodeling of a retail food establishment such as a cafeteria within a hospital, staff shall advise applicants of the California Uniform Retail Food Facility Law and that they must submit plans and specifications to the local health agency for review. Staff shall request that the applicant provide evidence of approval from the local health agency prior to plan approval as required by Section 27550 of the Health and Safety Code.

ORIGINAL SIGNED

3/31/93

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Deputy Director

Date